

**IMPLEMENTATION REPORT**

**Subsequent to**

**CERTIFICATE OF NEED APPROVAL**

**Pursuant to RSA 151-C:12**

**and**

**He-Hea 305**

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**Name of Applicant**

**Semi Annual Report**

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**Initial Report upon Project Commencement**

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**Annual Report**

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**Date Filed:**

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## **INSTRUCTIONS**

On the cover page, please indicate which report is being filed as explained below:

### **Semi-Annual Report -**

A semi-annual report is required to be filed with Office of Health Services Planning and Review (HSPR) until the project is commenced.

### **Initial Report upon Project Commencement -**

An Initial Report is required to be filed with the HSPR 30 days after project commencement.

### **Annual Report -**

An annual report is required to be filed with HSPR once the project has commenced until the project is completed and becomes operational.

Any item not applicable to the project for which this implementation report is filed shall be responded as "Not Applicable".

**All** responses shall be **typewritten**.

Requests for information and/or assistance may be referred to:

The Office of Health Services Planning and Review  
Department of Health and Human Services  
29 Hazen Drive  
Concord, NH 03301-6527

Telephone (603) 271-4606  
1-800-852-3345 ext. 4606

## GENERAL INFORMATION

Address: \_\_\_\_\_  
Street
City
State/Zip Code

CON Number: \_\_\_\_\_

Employer Identification Number: \_\_\_\_\_

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**\*\*NOTE\*\*** Please provide a certified copy of the written agreement between the 2 parties with the first implementation report submitted upon project commencement.

The estimated date the project will be completed: \_\_\_\_\_

Any changes of premises or geographical area including the physical changes in location from those stated in the application:

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**PROJECT COSTS  
ACTUAL EXPENDITURES**

**FEES**

Legal \$ \_\_\_\_\_

Consulting \$ \_\_\_\_\_

Financial Feasibility \$ \_\_\_\_\_

Architect and Engineering \$ \_\_\_\_\_

Other \$ \_\_\_\_\_

**TOTAL** \$ \_\_\_\_\_

**LAND ACQUISITION & SITE DEVELOPMENT**

Real Estate Acquisition \$ \_\_\_\_\_

Site Preparation \$ \_\_\_\_\_

Utilities \$ \_\_\_\_\_

Soil Survey/Evaluation \$ \_\_\_\_\_

**TOTAL** \$ \_\_\_\_\_

**RELOCATION/MOVING COSTS**

Temporary Relocation Costs \$ \_\_\_\_\_

Moving Costs \$ \_\_\_\_\_

**TOTAL** \$ \_\_\_\_\_

**CONSTRUCTION COSTS - ACTUAL EXPENDITURES**

	<b><u>NEW</u></b>	<b><u>RENOVATION/ ALTERATION</u></b>
Labor	\$ _____	\$ _____
Materials	\$ _____	\$ _____
Fixed Equipment	\$ _____	\$ _____
Other	\$ _____	\$ _____
<b>TOTAL</b>	<b>\$ _____</b>	<b>\$ _____</b>

**OTHER CONSTRUCTION COSTS**

Demolition costs	\$ _____
Contingency costs	\$ _____
Insurance costs during construction	\$ _____
Interest costs during construction	\$ _____
<b>TOTAL</b>	<b>\$ _____</b>

**MAJOR MOVABLE EQUIPMENT**

Major movable equipment costs \$ \_\_\_\_\_

**FINANCING COSTS**

Bond discount \$ \_\_\_\_\_

Debt service reserve \$ \_\_\_\_\_

**TOTAL** \$ \_\_\_\_\_**PROJECT COST AS OF** \_\_\_\_\_ **\$** \_\_\_\_\_  
**(date of report)**

If you do not consider any of the foregoing costs to be capital expenditures pursuant to RSA 151-C:2, VI, please provide an appropriate citation of generally accepted accounting principles and demonstration of consistent application thereof in your financial accounting practices to support your claim.